POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ML		(08-29-0)
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MH	920	09-25-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ Rejected	N Non-elected
=Allowed	IInterference
_ (Through numeral) Canceled	A Appeal
± Restricted	OObjected

Claim	Date	Claim	Date	Claim	Date
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Final Original		Final		Final Original	
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10	+++++	61		111	
12	++++++	62		112	
13	+ + + + + + + +	63		113	
14	+++++	64	<del>                                     </del>	114	
15	++++++	65		1151	
(16)	++-+-+-	66		116	
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48		98		148	
49		99	· · · · · · · · · · · · · · · · · · ·	149	
50		100		150	
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If more than 150 claims or 10 actions staple additional sheet here